

**DUE BY  
APRIL 15**

# 2019 DIVERSE-CITY ART COMPETITION



## ENTRY FORM

Artist's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Address: \_\_\_\_\_

City

State

Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

Art Teacher/School Representative Name if Applicable: \_\_\_\_\_

Teacher's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

Artwork Type (i.e. painting, graphic design, sculpture, etc.): \_\_\_\_\_

Describe/explain how/why your artwork represents diversity and inclusion. Attach an additional sheet if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check here if you do not want your name or school displayed with your work.

I/We affirm that this entry is my original work. I/We donate the artwork submitted for the Diverse-City Art Competition to Diversity Awareness Partnership. I/We grant Diversity Awareness Partnership permission to use my work in ways deemed appropriate, such as reproducing it onto calendars, publications, social media, and other communication vehicles with no compensation other than credit with the artist's name. I/We understand that my entry may be auctioned/sold to raise money for competition expenses.

Signature of Artist: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

All submissions must be delivered or mailed to Diversity Awareness Partnership (40 N. Rock Hill Road, Webster Groves, MO 63119) by April 15, 2019. Contact Bridget McDonald, Program Coordinator to set up a drop-off time or with any questions at [b.mcdonald@dapinclusive.org](mailto:b.mcdonald@dapinclusive.org)